## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

|  |  |   |  |                               |  | <u> </u>         |      |                    |                        |              |                            |                        |
|--|--|---|--|-------------------------------|--|------------------|------|--------------------|------------------------|--------------|----------------------------|------------------------|
| CLAIMS AS FILED - PART I   |  |   |  |                               |  |                  |      | SMALL ENTITY       |                        | OTHER THAN   |                            |                        |
|  |  |   | (Colum   | n 1)                          | (                                      | Column 2)        | TYPE | <u> </u>           | OR<br>-                | SMALL ENTITY |                            |                        |
| U.S  | . NATIONAL                                     | STAGE FEES                                      |  |                               |  |                  |      | RATE               | FEE                    |              | RATE                       | FEE                    |
| BASIC FEE  |  |   | SMALL ENT. = \$ 150  |                               | LARG                                   | GE ENT. = \$ 300 | E    | SASIC FEE          |                        | OR           | BASIC FEE                  | 500                    |
| EXAMINATION FEE  |  |   | Satisfies PCT Article 33(1)-<br>(4) = \$50 / \$100                   |                               | All other situations = \$ 100 / \$ 200 |                  | E    | XAM. FEE           |                        |              | EXAM. FEE                  | 200                    |
| SEARCH FEE   |  |   | U.S. is ISA = \$50 / \$100<br>ALL other countries =<br>\$200 / \$400 |                               | All other situations = \$ 250 / \$ 500 |                  | 9    | SEARCH FEE         |                        |              | SEARCH FEE                 | 400                    |
| FEE FOR EXTRA SPEC. PGS.   |  |   | minus 100 =  |                               | / 50 ≐                                 |                  |      | X \$ 125 =         |                        |              | X \$ 250 =                 |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   | 2 / minus 20 =   |                               | . /                                    |                  |      | X \$ 25 =          |                        | OR           | X \$ 50 =                  | 50                     |
| INDEPENDENT CLAIMS   |  |   | / n  | ninus 3 =                     | *                                      |                  |      | X \$ 100 =         |                        | OR           | X \$ 200 =                 |                        |
| MUL  | TIPLE DEPEN                                    | DENT CLAIM PRI                                  | ESENT  |                               |  |                  |      | + \$ 180 =         | -                      | OR           | + \$ 360 =                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |  |                               |  |                  | _    | TOTAL              |                        | OR           | TOTAL                      | 950                    |
|  |  |   |  |                               |  | (Column 3)       | -    | SMALL ENTITY       |                        |              | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |  | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY                           | PRESENT<br>EXTRA | ŀ    | RATE               | ADDI-<br>TIONAL<br>FEE |              | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus  | **                            |  | =                |      | X \$ 25 =          | ·                      | OR           | X \$ 50 =                  |                        |
|  | Independent                                    | *   | Minus  | ***                           |  | =                |      | X \$ 100 =         |                        | OR           | X \$ 200 =                 |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                               |  |                  | , [  | + \$ 180 =         |                        | OR           | + \$ 360 =                 |                        |
| +  |  | •   |  |                               |  |                  | T    | OTAL ADDIT.<br>FEE |                        | OR           | TOTAL ADDIT.<br>FEE        |                        |
|  |  | (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST |  |                               |  |                  |      |                    |                        |              |                            |                        |
| AMENDMENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT       |  | PAID                          | BER<br>DUSLY                           | PRESENT<br>EXTRA |      | RATE               | ADDI-<br>TIONAL<br>FEE |              | RATE                       | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus  | **                            |  | =                | L    | X \$ 25 =          |                        | OR           | X \$ 50 =                  |                        |
| AME  | Independent                                    | *   | Minus  | ***                           |  | =                |      | X \$ 100 =         |                        | OR           | X \$ 200 =                 | -                      |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                               |  |                  |      | + \$ 180 =         |                        | OR           | + \$ 360 =                 |                        |
|  |  |   |  |                               | •                                      |                  | T    | OTAL ADDIT.<br>FEE |                        | OR           | TOTAL ADDIT.<br>FEE        |                        |
| *  | If the entry in colu                           | umn 1 is less than the                          | entry in column  | 2. write "0" ir               | n column                               | · 3.             |      |                    |                        |              |                            |                        |

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.